PTO/SB/22 (09-06) Approved for use through 03/31/2007. OMB 0651-0031

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|---|--|------------|--------------------------|-------------|--|
| ETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a) | | | Docket Number (Optional) | | |
| FY 2006 | | | 3493-0158PUS1 | | |
| (Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).) | | | | | |
| Application Number | pplication Number 10/565,007-Conf. #7203 | | Filed January 18, 2006 | | |
| For USE OF PEPTIDIC CONJUGATES FOR PREPARING COMPOSITIONS FOR ALOPECIA PREVENTIVE AND CURATIVE TREATMENT | | | | | |
| Art Unit 1654 | Unit 1654 | | Examiner | H. P. Young | |
| This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application. | | | | | |
| The requested extension and fee are as follows (check time period desired and enter the appropriate fee below): | | | | | |
| <u>Fee</u> | | <u>Fee</u> | Small Entity Fee | 1 | |
| One month (37 C | One month (37 CFR 1.17(a)(1)) | | \$60 | \$ | |
| Two months (37 CFR 1.17(a)(2)) | | \$450 | \$225 | \$ | |
| X Three months (37 CFR 1.17(a)(3)) | | \$1020 | \$510 | \$ 1,020.00 | |
| Four months (37 CFR 1.17(a)(4)) | | \$1590 | \$795 | \$ | |
| Five months (37 CFR 1.17(a)(5)) | | \$2160 | \$1080 | \$ | |
| Applicant claims small entity status. See 37 CFR 1.27. | | | | | |
| X A check in the amount of the fee is enclosed. | | | | | |
| Payment by credit card. Form PTO-2038 is attached. | | | | | |
| The Director has already been authorized to charge fees in this application to a Deposit Account. | | | | | |
| | | | | | |
| The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number02-2448 I have enclosed a duplicate copy of this sheet. | | | | | |
| | | | | | |
| I am the applicant/inventor. | | | | | |
| assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96). | | | | | |
| attorney or agent of record. Registration Number | | | 32,86 <u>8</u> | | |
| attorney or agent under 37 CFR 1.34. | | | | | |
| Registration number if acting under 37 CFR 1.34 | | | | | |
| //1/1 | | | MAR 2 6 2997 | | |
| Skgnature | | | | Date | |
| Andrew D. Meikle | | | (703) 205-8000 | | |
| Typed or printed name | | | Telephone Number | | |
| NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below. | | | | | |
| | | | | | |
| Total of | forms are sub | mitted. | | | |

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